

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90149 015 \*\*\*150.00

0312001 AV

DOCUMENT # **P02000061192**

1. Entity Name  
**CHRISTOPHER B. KLEIN, P.A.**



Principal Place of Business  
**2228 NE 123 ST  
N MIAMI FL 33181**

Mailing Address  
**2228 NE 123 ST  
N MIAMI FL 33181**

**SAVE AS ABOVE**

2. Principal Place of Business  
~~3099 E Commercial Blvd.~~

3. Mailing Address  
**2304 SW 18 Ave**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
~~Fort Lauderdale, Florida~~

City & State  
**Fort Lauderdale, Florida**

Zip  
~~33080~~

Zip  
**33315**

Country  
~~United States~~

Country  
**United States**

4. FEI Number  
**04-3693650**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, CHRISTOPHER B  
2228 NE 123 ST  
N MIAMI FL 33181**


7. Name and Address of New Registered Agent

Name **Klein, Christopher B.**

Street Address (P.O. Box Number is Not Acceptable)  
**2304 SW 18 Ave**

City **Fort Lauderdale, Florida** **FL** Zip Code **33315**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D KLEIN, CHRISTOPHER B 2228 NE 123 ST N MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D,P Klein, Christopher B. 2304 SW 18 AV Fort Lauderdale, Florida 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **01-12-2003** **954-489-3129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)